0

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

| Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY

before submitting or form will be returned.

Year: 2012	
Fill in circle if amendment	
Report Period: O January/June July/Decem	Der RECEIVED JAN 1 4 2013
Type of Lobbying: Nonprocurement O Procuremen	t OBoth
Client Filing Fee Check Number: #CSRO0482	44
credit card auth # 249 214	
Il Client Information	
Name: Independent Pawer Pr	oducers of New York
. CILLUSCIO	100 010 Sust 315
Permanent Business Address: 199 WUSFILT	rgton ave, Swite 315 State: NY ZIP code: 12210
City: ALboung Business Phone: (518) U3Le 3749	Fax Number: (518) 434 0369
	rax Normber. (3 to) -(5c = 5 = 1
Third Party Beneficiary (see instructions):	
Lobbyist(s) Information & Compensation	tion (Current Period Only)
Any individual or organization that has lobbied on behalf of threshold was exceeded by that individual or organization	of the client must be reported below, regardless of whether the
A Type of Lobbyist: O Retained O Emp	
Level of Gov't: State Lobbying O Loca	al Lobbying O Both
Name: Gavin Donohul	Phone Number: 518 434 3749
Address: 194 Washington ave	Swtl 315
city: Albany	State: NY ZIP code: 12210
Compensation for current period: \$ U480	.00
B Type of Lobbyist: O Retained O Emp	loyed Designated
Level of Gov't: State Lobbying O Loca	al Lobbying O Both
Name: Radmila Miletich	Phone Number: 518 436 3749
Address: 194 washington al	ul, Suite 315
city: Albany	State: NY ZIP code: \ 2210
Compensation for current period: \$ 1480	.00
C Type of Lobbyist: O Retained O Emp	oloyed O Designated
Level of Gov't: O State Lobbying O Loca	al Lobbying O Both
Name:	Phone Number:
Address:	e e
City:	State: ZIP code:
Compensation for current period: \$.00
O Continued on attached pages	
D TOTAL COMPENSATION of ALL lobbyists for curr	rent period(A+B+C+addendum sheets): \$7960 .00

IV Other Expenses (Current Semi-Annua			
A Report in the aggregate all expenses less than or equ	al to \$75:	\$.00
B Report in the aggregate all expenses for salaries of no	n-lobbying employees:	\$.00
C Itemize each expense exceeding \$75:	DATE: /		
PAID TO:	DATE: / /	12.2	Ad O Social Event
PURPOSE:	AMOUNT: \$.00	*Addendum attached
O PROCUREMENT O NONPROCUREMENT	DATE: / /		
PAID TO:	DATE: / /		Ad O Social Event
PURPOSE:	AMOUNT: \$.00	*Addendum attached
O PROCUREMENT O NONPROCUREMENT			
Continued on attached pages * If any expense listed above exceeds \$75 for an	individual you must atto	ch the adden	dum page listing the
* It any expense listed above exceeds \$75 for an expense, dollar amount attributable to the indi	<u>vidual</u> and the name, title	e and employe	er of the individual.
D Total expenses for current period: \$.00 (if applicable, include	de all expenses	from attached pages in total)
V Source of Funding Disclosure Instructions: In the event only one person or entity is li	sted as the Single Source f	or a Contributio	on(s), use Section A. In the
event multiple persons or entities have be	en aggregated as a single	e 20nice tot a	Commodition(s), use section b.
A Below, list all Contributions received from received. If more than five Contributions	from the single source nav	e been receiv	ed, use section V(C) of the
Addendum for the additional Contribution Contribution(s) from Single Source #1	18.		
Single Source Entity's Name: DC Energy			
lor	First Nan	ne.	
Single Source Person's Last Name:	0	10.	
Address: 8045 USburg Pike		UA	ZIP code: 22183
City: Vunna	ordro.		2, 33 34 00 (100
Phone: 103740 3900 Date Contribution Received: 1 / 30 / 20	Amount of Con	tribution: \$	DED .00
Date Contribution Received: / / 30/20	Amount of Con		.00
Date Contribution Received: / /	Amount of Con		.00
Date Contribution Received: / /	Amount of Con		.00
Date Contribution Received: / /	Amount of Con		.00
Check here if using section V(C) of the Addendum for ad			0
Contribution(s) Single Source #2			
A	200000000000000000000000000000000000000		*
Single Source Entity's Name: MLY CLY MO or Single Source Person's Last Name:	unager rent	, 	
Single Source Person's Last Name:	Firs't Nan	ile.	
Address: Three &- Comm Squ	State: N	Na	ZIP code: \2207
City: Ollbany	State:	U-1	ZII COUE. / ZZO 7
Phone: 518 434 1412		tribution o	(110, .00
Date Contribution Received: / /C/ / 30			419 .00
Date Contribution Received: / /	Amount of Con		.00
Date Contribution Received: / /	Amount of Con		.00
Date Contribution Received: / /	Amount of Con		.00
Date Contribution Received: / /	Amount of Cor	inpulion: \$.00
Check here if using section V(C) of the Addendum for ac	iditional Contributions:	las per 2011 a million	U

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

V Source of Funding Disclosure				
B Single Source information for a Contribu	tion(s) f	rom mult	tiple, Related, or Affiliated Entities.	
Contributions from Single Source #1				8
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from E	Entity o	r Person		00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	, /	1	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adden	dum for o	additional Contributions:	
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	ntity o	r Person 1	: Amount of Contribution: \$.00
Date Contribution Received:		/	Amount of Contribution: \$.00
Date Contribution Received:	,	/	Amount of Contribution: \$.00
Date Contribution Received:	^ ddan	/		.00
Check here if using section V(C) of the Check here if using section V(B) of the Addendum for a				
Contributions from Single Source #2	u u mom			
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:			e er	
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	Entity c	r Persor	n:	
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adden	dum for	additional Contributions:	
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:	3			
Entity's or Person's Phone:			•	
Dates and Amounts of Contributions from Date Contribution Received:	Entity c	or Persor /	n: Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adder	dum for	additional Contributions:	
Check here if using section V(B) of the Addendum for o				0
Check here if there are Contribution(s) from Single Sou	rce(s) o	ther than	those listed above. Use Section V(B) of the	0
Addendum to list all such Contributions:		1-2730-2		

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

	And the Party of t	NAME OF TAXABLE PARTY AND PARTY OF TAXABLE PARTY.	
	here the industrial and in the contract of the	of: S. "Indictionalise! I produces	Disclosure
9. V.A	A VALUE OF - ME	a tatiotal all all all all all all all all all	men military and keep of the con-
	A LANGE TO MILE	A MER BE ARE BEEF	BE THE THE THE THE

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source 3		
Single Source Entity's Name: Fatistar		
or Single Source Person's Last Name:	First Name:	
Address: INOth Loxundon ave		
Address: INOTH Lexengton ave City: White Plains	State: NY	ZIP code: 10401
Phone: 914 421 4900		. 5401
Date Contribution Received: / 9 / 201	2 Amount of Contribution: \$	750 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for add	ditional Contributions:	(O
Contributions from Single Source #		
Single Source Entity's Name: Indeck Energy	Services	
or Single Source Person's Last Name:	First Name:	
Address: LOD N. Buffalo Grove &	ld. #300	
city: Buffalo Grove	State: L	ZIP code: 40089
Phone: 847 520 3212		
Date Contribution Received: $[0 / 1 / 20]$	2 Amount of Contribution: \$	1,500 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for add	litional Contributions:	0
Contributions from Single Source #_5_		
Single Source Entity's Name: CPV Vally	Energy Conter	
Single Source Person's Last Name:	First Name:	
Address: 50 Braintree Hill Office	Park, Suit 300	
City: Braintre	State: MA	ZIP code: 02184
Phone: 781 817 8970		
Date Contribution Received: 1 /30 / 201:	2 Amount of Contribution: \$	875 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addi	itional Contributions:	

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

	Contributions from Single Source		
	Single Source Entity's Name: HESS Coppo		
	or Single Source Person's Last Name:	First Name:	
	Address: One Hess Plana WBIS	State: NJ	ZIP code:()7095
	City: Wood Bridge Phone: 732 750 4000	sidie. 100	211 Code. D 7095
	Date Contribution Received: 4 / 18 / 201	2 Amount of Contribution: \$	875 .00
	Date Contribution Received: / /	Amount of Contribution: \$.00
	Date Contribution Received: / /	Amount of Contribution: \$.00
	Date Contribution Received: / /	Amount of Contribution: \$.00
-	Date Contribution Received: / /	Amount of Contribution: \$.00
	Check here if using section V(C) of the Addendum for add	to reconstruction and the contract of the cont	(O
	Contributions from Single Source #	on Constino	
	Single Source Entity's Name: Capital Rol or	· ·	Ψ
	Single Source Person's Last Name:	First Name:	
	Address: 99 Summer Street, #		
- 11	city: Boston	State: MA	ZIP code: 02110
- 11	Phone: 78D 3925542		. 505
	Date Contribution Received: $Q / 4 / 2DI$		1,025.00
1	Date Contribution Received: / /	Amount of Contribution: \$.00
ii	Date Contribution Received: / /	Amount of Contribution: \$.00
	Date Contribution Received: / /	Amount of Contribution: \$.00
	Date Contribution Received: / /	Amount of Contribution: \$.00
-	Check here if using section V(C) of the Addendum for addi	itional Contributions:	O
- 11	Contributions from Single Source #	^	
	single Source Entity's Name: Hunsselaly	Cogneration	
3	lingle Source Person's Last Name:	First Name:	
1	Address: 109 N. Post Oaklane,	Suite 600	
	city: Houston	State: TX	ZIP code: 77024
F	hone: 713 334 7858		
1	Date Contribution Received: / 18 / 2012	2 Amount of Contribution: \$	1,025.00
	Date Contribution Received: / /	Amount of Contribution: \$.00
	Date Contribution Received: / /	Amount of Contribution: \$.00
	ate Contribution Received: / /	Amount of Contribution: \$.00
-	pate Contribution Received: / /	Amount of Contribution: \$.00
10	heck here if using section V(C) of the Addendum for addit	tional Contributions:	\cap

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disc	IDSUIE			
A Below, list all Contribereceived.	utions red	ceived from	the Single Source. Include the date and	the amount of the Contribution
Contributions from Single Source	9			
Single Source Entity's Name:	DM.	nia		
or Single Source Person's Last Name	1		First Name:	
		2010	Jours 5th Fly	
address: hope Ferry City: Waterford	nu	م احاد	dg 475, 5th Flr. State: CT	ZIP code: (V 285
Phone: 804 771 37	25			0433
Date Contribution Received:		D/20	Amount of Contribution: \$	1,250 .00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	ne Adder	ndum for ac	ditional Contributions:	0
Contributions from Single Source	#_LO_			
Single Source Entity's Name: &	DPI	Zenew	ables North ameri	ca
or Single Source Person's Last Name	:		First Name:	
Address: 808 Travis, S		TOD.		
city: Houston			State: TX	ZIP code: 77002
Phone: 312 435 12	95			
Date Contribution Received: 3	/10	7/20	Amount of Contribution: \$	1,330 .00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adden	dum for ad	ditional Contributions:	0
Contributions from Single Source #	-11			
Single Source Entity's Name: $$	Nen	rali	UC	
or Single Source Person's Last Name:		101	First Name:	
Address: One South L	WCL	er Dr	rue, Suite 1900	
city: Chicago			State: \L	ZIP code: LOCOLO
Phone: 312 224 140				
Date Contribution Received:	3/2	1,20	12 Amount of Contribution: \$	00.
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/ .	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

50 E	STATE OF THE PARTY	THE RESERVE OF THE PARTY OF	CHARLES SALES		Section 1995	MASS TO THE RES
	DESCRIPTION OF PERSONS ASSESSED.	CONTRACT OF LAND	militarioscilic / Propi	COMPANY	SECTION DIVISION	STATISTICS IN
M. V. Carlotte	a V H t d ac	e of F	Bistalla	Ve Bes B R	t ad I a b	41116-
	L L R	2001 A 1001 M	THE SHEE	E BE AT	-1-31-7	I A E

Date Contribution Received:

Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source Single Source Entity's Name: Cathness Long Island Single Source Person's Last Name: Address: 545 fifth ave, 29th floor ZIP code: 10017 City: New York Phone: 212 921 9099 Date Contribution Received: 2/13/2012Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 13 Single Source Entity's Name: Next Era Energy Presources or Sinale Source Person's Last Name: First Name: Address: 700 Universe Blud. State: F1 ZIP code:33408 city: Juno Beach Phone: 561 691 7800 1,580 .00 Date Contribution Received: 2/10/2 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Amount of Contribution: \$ Date Contribution Received: Date Contribution Received: Amount of Contribution: \$.00 Amount of Contribution: \$.00 Date Contribution Received: 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 14 First Wind Single Source Entity's Name: Single Source Person's Last Name: First Name: Address: 129 Middle Street, 3rd flr. City: Portland State: M9 ZIP code: OHIOI Phone: , 207 228 4871 / 7 / 2012 Amount of Contribution: \$ 1580 Date Contribution Received: .00 .00 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received:

Amount of Contribution: \$

Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

make a copy of this sheet.	
V Source of Funding Disclosure	

A Below, list all Contributions received.	ived from the Si	ingle Source. Include the date and	the amount of the Contribution
Contributions from Single Source5	No. of Contract		
Single Source Entity's Name: Calpu	re Conf	mation	
or Single Source Person's Last Name:	,	First Name:	
Address: 717 Texas ave		,	
city: Houston		State: TX	ZIP code: 77002
Phone: 713 830 2000)	, , , , ,
Date Contribution Received: / 9	12012	Amount of Contribution: \$	1750 .00
Date Contribution Received: /	1	Amount of Contribution: \$.00
Date Contribution Received: /	1	Amount of Contribution: \$.00
Date Contribution Received: /	/	Amount of Contribution: \$.00
Date Contribution Received: /	1	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendu	ım for addition	al Contributions:	0
Contributions from Single Source # _ _			
Single Source Entity's Name: Selkerk	- Coger	r Partners	
or Single Source Person's Last Name:	J	First Name:	
Address: 24 Power Park D	rtue	a a	
City: Sel Kirk		State: NY	ZIP code: 12158
Phone: 518 475 5773			16
Date Contribution Received: \ / 13	12012	Amount of Contribution: \$	1,750 .00
Date Contribution Received: /	/	Amount of Contribution: \$.00
Date Contribution Received: /	/	Amount of Contribution: \$.00
Date Contribution Received: /	1	Amount of Contribution: \$.00
Date Contribution Received: /	/	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendu	m for additiona	Il Contributions:	0
Contributions from Single Source #			
Single Source Entity's Name: ASTORIA	2 nergi	y uc	
Single Source Person's Last Name:		First Name:	v
Address: 17-10 Steinwar	Stree	+	
city: Ostoria		State: NY	ZIP code: 11105
Phone: 718 274 7700			
	12012	Amount of Contribution: \$	2,000.00
Date Contribution Received: /	1	Amount of Contribution: \$.00
Date Contribution Received: /	1	Amount of Contribution: \$.00
Date Contribution Received: /	/	Amount of Contribution: \$.00
Date Contribution Pecaived: /	1	Amount of Contribution: \$	00

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure		A section of the sect
A Below, list all Contributions received from received.	the Single Source. Include the date and	the amount of the Contribution
Contributions from Single Source $1/8$		
Single Source Entity's Name: ProoKfuld	Renewable Energy	Group
or Single Source Person's Last Name:	First Name:	
Address: 200 Donald Lynch P	Shid	
city: Mar I borough	State: MA	ZIP code:01752
Phone: 508 251 7450		
Date Contribution Received: / / 9 / 20	Amount of Contribution: \$	2.000
Date Contribution Received: / /	' Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Datė Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for ad	ditional Contributions:	(O
Contributions from Single Source # 19		
Single Source Entity's Name: PSEG POL	wer New YOTK	
or Single Source Person's Last Name:	First Name:	
Address: 130 Washington ava	2	
city: albany	State: NY	ZIP code: 12210
Phone: 518 44 ¹ 9 0050		
Date Contribution Received: $$	12 Amount of Contribution: \$	2,000.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for add	ditional Contributions:	0
Contributions from Single Source # 20		
Single Source Entity's Name: Constellation	renergy Group	
Single Source Person's Last Name:	First Name:	
Address: 111 Mar Let Place		
city: Baltimore	State: MD	ZIP code:21203
Phone: 410 470 3398		
Date Contribution Received: 1 / 30 / 201	2 Amount of Contribution: \$	2,745.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00

Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

	A STANFOLD WAS DESCRIBED AND STANFOLD AND ST	
V Source of Funding Disclosure		
A Below, list all Contributions received from the Si received.	ingle Source. Include the date an	d the amount of the Contribution
Contributions from Single Source		
Single Source Entity's Name: Glado Entre	Su (Merapol Wi-	th NRG in 2013
or Single Source Person's Last Name:	First Name:	
Address: 1000 main Street		
City: Houston	State: TX	ZIP code: 77002
Phone: 832 357 U977 Date Contribution Received: 1/9/2012	Amount of Contribution: \$	2,745 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	()
Contributions from Single Source # 2 3	¥	
Single Source Entity's Name: New Athens	Generatino Con	N DON 1
or Single Source Person's Last Name:	First Name:	
Address: 9300 Parti aw, Popor		
city: Athens	State: NY	ZIP code: 12015
Phone: 518 945 3750	10 7	
	Amount of Contribution: \$	2,745 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additiona	l Contributions:	0
Contributions from Single Source # $\frac{3}{2}$		
Single Source Entity's Name: HD Energy S	ervices	
Single Source Person's Last Name:	First Name:	
Address: 225 Abylum Street		
city: Hartford	State: CT	ZIP code: Ω ol Ω
Phone: 840 241 4024		
Date Contribution Received: 2 / 13 / 2012	Amount of Contribution: \$	375 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00

Amount of Contribution: \$

Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclo	sure					
A Below, list all Contribution received.	ns recei	ed from the	Single Source. Include the date and t	ne amount of	the Contr	ibution
Contributions from Single Source \supset	4					
Single Source Entity's Name: $\bigcirc \gamma$	Har	10 Pa	Wer Generation			
or Single Source Person's Last Name:			First Name:			
Address: 700 Uni Versi	i +	01/0 R	100m H18G3			
city: Toronto	19		State: ON	ZIP CC	de:M	561X
Phone: 416 592 854			010			J ,
Date Contribution Received: 2	16	12012	Amount of Contribution: \$	375	.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	1	Amount of Contribution: \$.00	
Date Contribution Received:	/	1	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the	Addendu	m for additio	nal Contributions:			0
Contributions from Single Source #	35					
Single Source Entity's Name: EV.	erPo	Wer	Wind Holdings			
or Single Source Person's Last Name:			First Name:			
Address: 44 Fast 30th	St	leet,	10th Floor			
city: New York		,	State: NU	ZIP co	de: O C	عالا
Phone: 212 U17 8111			, ,			
Date Contribution Received: 8	12	12012	Amount of Contribution: \$	512	.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the A	ddendur	n for addition	nal Contributions:			0
Contributions from Single Source # 🥌						
Single Source Entity's Name: Up	stat.	e Pou	per Producers			Topological Control of the Control o
Single Source Person's Last Name:			First Name:			
Address: 228 Cayuqa	Dri	Ve				
city: Lansing			State: NY	ZIP cod	de: 48	82
Phone: 407 533 7913	5					
Date Contribution Received:	199	5013	Amount of Contribution: \$	729	.00	
Date Contribution Received:	/ ,	!	Amount of Contribution: \$.00	
Date Contribution Received:	/ /	(Amount of Contribution: \$.00	
Date Contribution Received:	/ /	′	Amount of Contribution: \$.00	

Amount of Contribution: \$

Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source	of Funding Disc	osure	95				
A	Below, list all Contribureceived.	tions re	ceived fro	m the Si	ngle Source. Include the date and	d the amount of the Contrib	oution
Contributions	from Single Source	a7					
Single Source	Entity's Name:	-PC	wer	USI	A		
or Single Source	Person's Last Name:				First Name:		
Address: \Q	DD E. GOH	F 12	and				
11	aumburg	3.50			State: \L	ZIP code:	173
Phone: 847	7486 809 7	<u> </u>					
Date Contribu	ution Received: 1) / (٦ / ٥	2012	Amount of Contribution: \$	375 .00	
Date Contribu	ution Received:	1	/		Amount of Contribution: \$.00	
Date Contribu	ıtion Received:	/	1		Amount of Contribution: \$.00	
Date Contribu	ition Received:	/	/ .		Amount of Contribution: \$.00	
Date Contribu	ition Received:	/	/		Amount of Contribution: \$.00	
Check here if us	sing section V(C) of the	e Adde	ndum for a	ddition	l Contributions:		0
	irom Single Source #						
Single Source	Entity's Name: 🔾	upi-	tali	au	er Composation		
or Single Source 1	Person's Last Name:				First Name:		
Address: QQ	Summer	St	leet.	Sui	H 1000		
city: BOST	$c \cap$	0 17)		State: MA	ZIP code: 21	10
Phone: 780	392 554	12					533
Date Contribu	tion Received: 16) / (1/20	12	Amount of Contribution: \$	1,230.00	
Date Contribu	tion Received:	/	/		Amount of Contribution: \$.00	
Date Contribut	lion Received:	/	/		Amount of Contribution: \$.00	
Date Contribut	ion Received:	/	/		Amount of Contribution: \$.00	
Date Contribut	ion Received:	/	/		Amount of Contribution: \$.00	
Check here if us	ing section V(C) of the	Adden	dum for a	dditiona	Contributions:		0
Contributions fr	om Single Source #_	29					
Single Source E or	intity's Name: EY	Hero	54 r	Lic	lear NE		
Single Source P	'erson's Last Name:		200		First Name:		H
Address: 44	10 Hamil-	rcn	Ove	., 12	State: NY		
City: Which	d Plains			,	State: NY	ZIP code: 10Lc	100
	272 339					0 - 0 1	
	ion Received: 12	14	120	112	Amount of Contribution: \$	3,294.00	
Date Contributi	on Received:	/	/		Amount of Contribution: \$.00	
Date Contributi	on Received:	/	/		Amount of Contribution: \$.00	
Date Contributi	on Received:	/	/		Amount of Contribution: \$.00	

Amount of Contribution: \$

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

	C STATE OF THE PARTY OF THE PAR	A CONTRACTOR OF THE PARTY OF TH	
A W	Sant Industrial and State Committee	ratio (in Technical State of London	utalia " A feeding! Rengingly interior
0.4	TO HILL SO THE	or the middle in the in	g Disclosure
B. 155		A PROPERTY AND A PROPERTY	

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source 30 Single Source Entity's Name: TransCanada Corporation Single Source Person's Last Name: First Name: Address: 110 Turnpike Road, Suite 203 city: West borough ZIP code: () 5 Phone: 508 871 1857 Date Contribution Received: 12/4/2012 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 (Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 31 Single Source Entity's Name: Caithness long Island Single Source Person's Last Name: Address: 545 Fifth Ave, 29th Fir. City: New YOK ZIP code:\DD17 Phone: 212 921 9099 Date Contribution Received: 12 / 12 / 2012 Amount of Contribution: \$ 1,800.00 Date Contribution Received: Amount of Contribution: \$.00 .00 Date Contribution Received: Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 .00 Date Contribution Received: Amount of Contribution: \$ 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source #_52 Single Source Entity's Name: Brooklyn Navy Yard Cogin Partners or Single Source Person's Last Name:

Address: 80 - 02 Klu Gardens Read, Suite 200

City: Klu Gardens

State: NY

ZIP code: 11415 Phone: 7/8 2Lel 21Le4 Date Contribution Received: 12/12/2012 Amount of Contribution: \$ 00.0001,6 .00 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received:

Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

make a cop	by of this sheet.	pagar			me specified tooliens, in addition	a	200, 010	G 50
V Source	of Funding Dis	closui	9					
A	Below, list all Contri received.	butions r	eceived fro	m the Si	ngle Source. Include the date an	d the amount of	the Cor	ntribution
Contribution	ns from Single Source	: 133						
Single Sourc	e Entity's Name: 🗜	EQU	i Pau	Der '	Prosauces Con	Ω .		
	e Person's Last Nam		The same series and same		First Name:			
Address: 10	00 Consti-	triti	m DI	now	2. 10th Floor			
City: Hou	x+lord			7, 1,	State: CT	ZIP C	ode:O	10102
1	e 0 456 0	822)					0,00
Date Contrib	oution Received: \	2/1	2/20	SIC	Amount of Contribution: \$	2400	.00	
Date Contrib	oution Received:	/	/		Amount of Contribution: \$, , _	.00	
Date Contrib	oution Received:	/	1		Amount of Contribution: \$.00	
Date Contrib	oution Received:	/	/		Amount of Contribution: \$.00	
Date Contrib	oution Received:	/	/		Amount of Contribution: \$	8	.00	
Check here if	using section V(C) of t	he Adde	endum for a	dditiona	l Contributions:			0
Contributions	from Single Source	# 34						
Single Source	e Entity's Name: U	SR	wer	Ge	nerating Comp	Damy		
	e Person's Last Name				First Name:			
Address: 30	20 atlan	tic	St. 5	3+M				
City: Sta	mford)		State: CT	ZIP co	ode:	AN
	2 792 08	397						2 101
	ution Received:		2/20	212	Amount of Contribution: \$	3,294	.00	
Date Contrib	ution Received:	1	/		Amount of Contribution: \$.00	
Date Contribu	ution Received:	/	1		Amount of Contribution: \$.00	
Date Contribu	ution Received:	/	/		Amount of Contribution: \$.00	
Date Contribu	ution Received:	/	/	1	Amount of Contribution: \$.00	
Check here if u	using section V(C) of the	e Adde	ndum for ac	ditional	Contributions:			0
	from Single Source							
Single Source	Entity's Name:	Dro	rlex	Op	erctions			
Of	Person's Last Name			4	First Name:			
	7 Hudson	_	115 0	α				
	rh Glens-				State: NY	7IP CO	de:128	202
	747 093					211 001		
	ition Received: 12		3/20	412	Amount of Contribution: \$	1,230	.00	
	tion Received:	/	/	100	Amount of Contribution: \$	1,000	.00	
Date Contribu		/	1		Amount of Contribution: \$.00	
Date Contribu		/	1		Amount of Contribution: \$.00	

Amount of Contribution: \$

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

	TO A 4 SEPTEMBER OF THE	THE RESERVE TO SERVE THE PARTY OF THE PARTY	CONTROL STOP OF THE SEC.	EXCENSIVE AND REAL PROPERTY.		STATE OF STA
A W AS		Section 1979	Indiana Sunt & Super	THE REAL PROPERTY.	med Breeftree	March September
R. 1	DUICE	MES O I BEST SES	91101611	O BOT PART	C I O L	0 8 E -1
30. 45.00	er Street Transfer Steamston	all Division Profit Lines 65 to	and the last contribution of the	- Winapolitations	Description of the second	number of terms

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. Contributions from Single Source 34 Single Source Entity's Name: IPR GDF SUEZ Energy North America or Single Source Person's Last Name: Address: 1990 Post Oak Blud, Suite 1900 City: HIOLISTIA ZIP code: 770510 Phone: 713. 434. 0000 Date Contribution Received: 12/13/2012 Amount of Contribution: \$ 2,100.00 Date Contribution Received: Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 37 Single Source Entity's Name: HD Enlygy Services US Single Source Person's Last Name: First Name: Address: 225 Asylum Street city: Hartford State: CT ZIP code QUID3 Phone: 860 241 4024 Date Contribution Received: 12 /21 / 2012 Amount of Contribution: \$ 450 Date Contribution Received: Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 38 Single Source Entity's Name: CPV Walley Energy Center Single Source Person's Last Name: Single Source Person's Last Name.

Address: 50 Brountill Hill Office Park, State: VNA

State: VNA ZIP code: 02184 Phone: 7818178970Date Contribution Received: 9/21/3012 Amount of Contribution: \$ 1,050 .00 Date Contribution Received: Amount of Contribution: \$.00

Date Contribution Received: Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

make a copy of this sheet.	i pages	as commod	normal specimed sections. If deather a	space is ricoded, produc
V Source of Funding Disc	losur	9		
A Below, list all Contrib received.	utions re	eceived from	n the Single Source. Include the date and	the amount of the Contribution
Contributions from Single Source	39			
Single Source Entity's Name:	X 9	neral		
or Single Source Person's Last Name		J	\\ First Name:	
		D.V.	Annual Annual Control of the Control	
Address: 8005 USK City: UUNNA	Jung) IILL	State: ()A	ZIP code: 22 182
Phone: 703 740 3	900		ordre. Of t	Zii 0000.
Date Contribution Received: \2			Amount of Contribution: \$	300 .00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adde	ndum for a	dditional Contributions:	0
Contributions from Single Source	# 40			
Single Source Entity's Name:	Sra	Xhill	d Renowable Gner	a. Partners
or Single Source Person's Last Name			First Name:	39 100 11 613
Address: 200 Donal		12001		
city: Mar Ibor Ough		5	State: MA	ZIP code:() 1752
Phone: 508 251 FL			1 31 1	01-13-6
			NA Amount of Contribution: \$	2,400.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	e Adder	ndum for ac	ditional Contributions:	0
Contributions from Single Source	#			
Single Source Entity's Name:				
Single Source Person's Last Name	• 11 • 10		First Name:	
Address:				
City:			State:	ZIP code:
Phone:				
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00

Amount of Contribution: \$

Amount of Contribution: \$

.00

VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
O Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intende introduction of legislation or a resolution on which you lobbied:	VIIITitle and Identifying Numbers of procurement contracts/documents lobbied:
Continued on attached pages	O Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	O Continued on attached pages
I declare under penalty of perjury that the correct, and complete to the best of my kr	1
PRINT NAME: LAST DONONUL TITLE: Prisident & CEO Mark One: Chief Administrative Officer	DATE: 1/11/13 FIRST COULO O Designee (Attach Letter)
The following MUST be attached to this I You must attach a \$50 dollar filing fee to each sem	report at the time of submission: ni-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI. --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.